

2015 FOREIGN PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000005887

Entity Name: UNIVERSAL HOSPITAL SERVICES, INC.**Current Principal Place of Business:**6625 W. 78TH ST.
SUITE 300
MINNEAPOLIS, MN 55439**Current Mailing Address:**6625 W. 78TH ST.
SUITE 300
MINNEAPOLIS, MN 55439 US**FEI Number:** 41-0760940**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** NRAI SERVICES, INC.**11/05/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO
Name	LEONARD, TOM
Address	6625 W. 78TH ST. SUITE 300
City-State-Zip:	MINNEAPOLIS MN 55439

Title	DIRECTOR
Name	WORKMAN, JOHN
Address	6625 W. 78TH ST. SUITE 300
City-State-Zip:	MINNEAPOLIS MN 55439

Title	D
Name	JUNEJA, BOB
Address	6625 W. 78TH ST. SUITE 300
City-State-Zip:	MINNEAPOLIS MN 55439

Title	S
Name	PULJU, LEE
Address	6625 W. 78TH ST. SUITE 300
City-State-Zip:	MINNEAPOLIS MN 55439

Title	TREASURER
Name	NICKELL, TODD
Address	6625 W. 78TH ST. SUITE 300
City-State-Zip:	MINNEAPOLIS MN 55439

Title	D
Name	BOWERMAN, BRET
Address	6625 W. 78TH ST. SUITE 300
City-State-Zip:	MINNEAPOLIS MN 55439

Title	CFO
Name	PEKAREK, JAMES
Address	6625 W. 78TH ST. SUITE 300
City-State-Zip:	MINNEAPOLIS MN 55439

Title	VP
Name	CHRISTENSEN, SCOTT
Address	6625 W. 78TH ST. SUITE 300
City-State-Zip:	MINNEAPOLIS MN 55439

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEE PULJU**SECRETARY****11/05/2015**

Electronic Signature of Signing Officer/Director Detail

Date